Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10,654753

| CLAIMS AS FILED - PART I<br>(Column 1)                        |   |   |              |                        | (Column 2)                            |                  | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|---|---|---|--------------|------------------------|---------------------------------------|------------------|-------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 16           |                        |                                       |                  | RATE              | FEE                    | Γ  | RATE                       | FEE                    |
| FOR   |   |   | NUMBER FILED |                        | NUMBER EXTRA                          |                  | BASIC FEE         | 375.00                 | OR | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                       |   |   | /b minus 20= |                        | *                                     |                  | X\$ 9=            |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |   |   | 2 minus 3 =  |                        | *                                     |                  | X42=              |                        | OR | X84=                       |                        |
| MU  | LTIPLE DEPEN  | DENT CLAIM PF                               | RESENT       | ESENT                  |                                       |                  | +140=             |                        | OR | +280=                      |                        |
| * If  | the difference  | in column 1 is                              | less than ze | ss than zero, enter "( |                                       | olumn 2          | TOTAL             | つづ                     | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |   |              |                        |                                       |                  | SMALLI            | ENTITY                 | OR | OTHER<br>SMALL I           |                        |
| AMENDMENTA  |   | CLAIMS REMAINING AFTER AMENDMENT            |              | HIGH<br>NUM<br>PREVIO  | IEST<br>BER<br>OUSLY                  | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total   | *   | Minus        | **                     |                                       | =                | X\$ 9=            |                        | OR | X\$18=                     |                        |
| 4ME   | Independent   | *   | Minus        | ***                    |                                       | =                | X42=              |                        | OR | X84=                       |                        |
| L   |   | NTATION OF M                                | ULTIPLE DE   | PENDEN                 | TCLAIM                                |                  | +140=             |                        | OR | +280=                      |                        |
|   | 13  |   |              |                        |                                       |                  |                   |                        |    | TOTAL                      |                        |
|   |   | ADDIT. FEE                                  |              |                        | ADDIT. FEE                            |                  |                   |                        |    |                            |                        |
| AMENDMENT B   |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVI   | mn 2)<br>HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| N N   | Total   | *   | Minus        | **                     |                                       | =                | X\$ 9=            |                        | OR | X\$18=                     |                        |
| AME   | Independent   | *   | Minus        | ***                    |                                       | -                | X42=              |                        | OR | X84=                       |                        |
| L   | FIRST PRESE   | NTATION OF M                                | ULTIPLE DE   | PENDEN                 | T CLAIM                               |                  | +140=             |                        | OR | +280=                      |                        |
|   |   |   |              |                        |                                       |                  | TOTAL             |                        |    | TOTAL<br>ADDIT. FEE        |                        |
|   |   | (Column 1)                                  |              | (Colu                  | ımn 2)                                | (Column 3)       | ADDIT. FEE        | <u> </u>               |    | ADDII. FEE                 |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGI<br>NUM<br>PREVI   | HEST<br>MBER<br>NOUSLY<br>OFOR        | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON   | Total   | *   | Minus        | **                     |                                       | =                | X\$ 9=            |                        | OR | X\$18=                     |                        |
| AME   | Independent   | *   | Minus        | ***                    |                                       | =                | X42=              |                        | OR | X84=                       |                        |
| L   | FIRST PRESE   | ENTATION OF M                               | ULTIPLE DE   | PENDEN                 | IT CLAIM                              |                  | +140=             |                        |    | +280=                      |                        |
|   |   | ımn 1 is less than t                        |              |                        |                                       |                  | TOTAL             |                        | OR | TOTAL                      |                        |
|   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                        |                                       |                  |                   |                        |    |                            |                        |